

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/21/03.

### **I. DISPUTE**

Whether there should be reimbursement for dates of service 5/03/02. Neither the Requestor nor the Respondent submitted EOB's. Therefore, this dispute will be reviewed per the 1996 Medical Fee Guideline.

### **II. RATIONALE**

#### **Date of Service 5/03/02; CPT codes 99213 and 97139**

The Requestor billed \$108.00 for the date of service listed above. TWCC Rule 133.304(c), "At the time an insurance carrier makes or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties..." The Carrier has failed to provide EOB's for date of service 5/03/02 and according to the documentation submitted by the Requestor delivery of services was rendered. Therefore, reimbursement is recommended in the amount of \$108.00.

### **III. DECISION & ORDER**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for CPT codes 99213 and 97139 in the amount of \$108.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$108.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 06<sup>th</sup> day of February 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PD/pd